

<b>Case Number:</b>	CM15-0173622		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained an industrial injury on 3-14-14. The injured worker has complaints of bilateral hand numbness, paresthesias, weakness, neck pain and shoulder pain. Cervical spine and shoulders have decreased range of motion and positive tenderness to palpation cervical paraspinal and trapezius muscles. Electrodiagnostic study reveals evidence of chronic bilateral C6 radiculopathy; left ulnar neuropathy across the elbow, slowing of the left ulnar motor nerve across the elbow and mild bilateral median neuropathy at the wrist (carpal tunnel syndrome). Right shoulder magnetic resonance imaging (MRI) on 5-13-15 revealed no fractures or dislocations and infraspinatus; supraspinatus tendon tears suspicious for full thickness tears; partial subscapularis tendon tear; probable superior labrum, anterior to posterior tear and MR arthrography may be helpful for further evaluation if clinically desirable and appropriate. The diagnoses have included spinal stenosis in cervical region. She underwent an ACDF on 7/6/15. The original utilization review (8-24-15) non-certified the request for 12 sessions post-op outpatient physical therapy for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**12 Sessions post-op outpatient physical therapy for the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, page 26 recommends the following: Postsurgical treatment (fusion, after graft maturity): 24 visits over 16 weeks\*Postsurgical physical medicine treatment period: 6 months. The guidelines recommend initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case, according to the guidelines, the request is for 12 visits of physical therapy is appropriate for the procedure performed on 7/6/15 (C5-6 ACDF). Therefore, the request is medically necessary.